

**David Junno Psy.D.  
Licensed Clinical Psychologist**

**Background Information for Psychological Assessment**

This questionnaire will give me information helpful to understanding your difficulties and planning treatment. If you have any questions about this form please contact me at 413-586-7559.

Please state the reason for treatment at this time:

Medical History:

How is your health currently?

What current health problems do you have?

List past medical problems:

List medications you are currently taking and what they are for:

Substance Use:

Do you drink alcohol? Yes/No

If so how often and how much do you drink(times per week, type of drink, amount):

**264 Elm Street, Northampton, MA 01060  
Phone: 413-586-7559**

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Have you ever had any problems in your life because of drinking (for example, DUI, health problems like hepatitis, complaints from family or friends about your drinking)? Yes/No

If so please describe:

Do you use drugs? Yes/No

If so which drugs do you use and how often do you use them?

Do you smoke cigarettes? Yes/No

If so how much are you smoking a day?

Do you drink coffee? Yes/No

If so how much are you drinking a day?

Trauma History:

Have you had any traumas in your life, (being a victim of sexual abuse, being assaulted, car accident, significant loss, experience with natural disaster eg hurricane, flood, etc, or man-made disaster eg 9/11, school shooting, etc, being victim of attack by an animal eg dog bite, having a close friend or relative who's had a trauma that has effected you) Yes/No

If yes please describe:

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History of psychological treatment

Do you have a history of psychological problems, eg depression, anxiety, interpersonal problems, etc.  
Yes/No

Have you ever sought help for psychological problems? Yes/No

If so please describe problem and what help you've received:

Are you on or have you been on psychiatric medication? Yes/No

If so please list medications:

What are your goals for treatment? What would be different if you could solve your current problem(s)?